

## Support Worker Agreement Form

<b>Name of worker:</b>	
<b>Phone number:</b>	
<b>Address:</b>	

<b>Start date:</b>	
<b>Work hours:</b>	
<b>Location of work:</b>	

<b>Salary:</b>	
<b>Pay schedule:</b>	
<b>Mileage reimbursement:</b>	
<input type="checkbox"/> <b>YES:</b>	
<input type="checkbox"/> <b>NO:</b>	

<b>Name of person being supported:</b>	
<b>Name of contact person (if different):</b>	
<b>Phone number:</b>	
<b>Cancellation Agreement:</b>	

<b>Goals:</b>	
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<b>Expectations of support worker:</b>	
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<b>Safety Considerations:</b>	
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<b>Other Information:</b>	
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Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of person supported: \_\_\_\_\_

Signature of caregiver: \_\_\_\_\_

Signature of worker: \_\_\_\_\_